## U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project # CEG888200 Pos		stmark		Date Received			Notification #		
I. Type of Notifi	cation (check or	ne): Oı	iginal	✓ Rev	ised	Cance	eled		
H. Facility Description  Building Name: Historic Center Building  Address: 103 South Main Street									
City: Waterbury State: VT Zip Code: 05671 County: Washington									
Site Location: Waterbury State Office Complex 103 South Main Street - Waterbury, Vermont									
Building Size (square feet): 3600 sq.ft. per floor # of Floors: 4 plus basement Age in Years: 119									
Present Use: Vacant Prior Use: Women's Correctional Facility									
III. Type of Operation (check one): ☐ Demo ☐ Ordered Demo ☑ Renovation ☐ Emergency Renovation ☐ Fire Training									
IV. Is Asbestos Pi	resent? (check o	one):  Yes	☐ No						
V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services									
	Address: 2 Governor Aiken Avenue, Drawer 33								
City: Mont							ip Code: 05633		
Contact: Mil				phone: (802	) 828-5	03//	Fax: (802) 828-	3333	
		: EnviroVantag	е		-		*		
Address: 629 Calef Highway									
City: Eppil	· · · · · · · · · · · · · · · · · · ·					Zip Code: 03042			
Contact: Vincent Marcisso Telephone: (603) 679-9682 Fax:  Other Operator (demolition/general): PC Construction Company									
		i/general): FCC	OHSHUCHO	Company			1	<del></del>	
Address: 193 Tilley Drive				State: VT			7: Codo: 05403		
	City: South Burlington  Contact: John Fox Te			phone: (802) 658-4100					
			oyed to dete	ct the preser	ce of an	nd to estimate th	e quantity of RA	CM and	
Category I and Category II non-friable ACM: Bulk samples collected by accredited inspectors. Analyzed by NVLAP accredited laboratory									
Duik samples concered by accreated inspectors. Analyzed by 14VEAL accreated laboratory									
VII. Approximate Amount of Asbestos Materials:									
		RACM to be Removed		Non-friable Asbestos Materi to be Removed			Non-friable Asbestos Material NOT to be Removed		
				Category	I	Category II	Category I	Category II	
Pipes (linear feet)		50 TS	50 TSI .						
Surface Area (square feet)		28,256 plaster & doors				3662			
Facility Components (cubic feet)		8 (Vermio	8 (Vermiculite)						
VIII. Scheduled Dates Demolition or Renovation: Start: 01/16/14 Complete: 06/30/15									
IX. Dates for Asbestos Removal (MM/DD/YY)  Start: 12/16/13  Complete: 01/24/14									
Days of the Week:	Monday	Tuesday	Wednesda	y Thu	sday	Friday	Saturday	Sunday	
Hours of Operation:	7-6	7-6	7-6	7	6	7-6	7-6	7-6	

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:							
	Post tropical storm Irene renovations. Complete renovation and restoration of interior and exterior surfaces, including partial asbestos removal.							
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:							
Compre	Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. Includes wet removal, containment barriers, negative pressure, proper waste transport and disposal.							
XII.		ransporter #1						
XII.	Name:	TBD						
	Address:							
	City:		State:	Zip Code:				
	Contact:		Telephone:	( )				
	Waste Tr	ansporter #2	_					
	Name:	TBD						
	Address:							
	City:		State:	Zip Code:				
	Contact:		Telephone:	( )				
XIII.	Waste Dis	sposal						
	Name:	TBD						
	Address:							
	City:		State:	Zip Code:				
	Contact:		Telephone:					
XIV.	Emergeno	cy Demolition (complete Item XIV only if this project	ect is an Emergency	y Demo.)				
		ttach a copy of the Order to this notice.						
	2. N	ame of Authority Issuing Order:		Title:				
	3. A	uthority of Order (Citation of Code):						
	4. Da	ate of Order (MM/DD/YY):	ate of Order (MM/DD/YY): Date Ordered to Begin					
XV.	-	cy Renovation (Attach separate sheet with the follow	wing information i	if project is Emergency Renovation.)				
	1. Date and Hour of the Emergency:							
		<ol> <li>Description of the Sudden, Unexpected Event:</li> <li>Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.</li> </ol>						
	3. EX	tplanation of now the event caused unsafe condition	s or equipment dai	mage or an unreasonable illiancial burden.				
XVI.	Description	on of procedures to be followed in the event that u	mexpected RACI	M is found or non-friable ACM becomes				
1=		, pulverized, or reduced to powder.	in a second					
Same	procedu	res as Section X above						
XVII.		hat an individual trained in the provisions of NES						
		Demolition or Renovation, and evidence that the re	equired training b	has been accomplished by this person will be				
	// a	available during normal business hours.						
	Me	Muto for owner	12/05/13	Chris Crothers, Owner's Consultant				
		Signature of Owner/Operator	Date	Type or Print Name and Title				
XVIII.		edge the existence of laws prohibiting the submis		isleading statements, and I certify that facts				
	C	contained in this notification are true, accurate, a	ad complete.					
	161	la letto be Owner	12/05/13	Chris Crothers - Owner's Consultant				
-	- (4	Signature of Owner/Operator	Date	Type or Print Name and Title				